

AGREEMENT FOR PRE-AUTHORIZED PAYMENTS (ACH DEBITS)

I (we) hereby authorize Nassau County, to initiate debit entries to my Checking Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number*: _____ Account Number*: _____

This authorization is to remain in full force and effect until Nassau County has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Nassau County and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____ ID Number: _____

Date: _____ Contact Phone Number: _____

Contact Name (if different than enrollee): _____

Signature(s): _____

***Here is a sample of the voided check you must attach that shows the Routing Number and Account Number:**

John Doe 123 Main Street Anytown, NY 12345	1001	Date: _____
VOID		
Bank _____ Bank Ac _____ City, State _____		\$ _____ Dollars
Memo _____		_____
:021001082:	123456789	1001
Routing Number	Account Number	Check Number (do not include)

**REMEMBER TO ATTACH A BLANK VOIDED
CHECK TO THIS FORM**